

MOBILE HOUSING BOARD

**APPLICATION FOR FUNDING UNDER THE
CITY OF MOBILE'S
BLOCK GRANT PROGRAMS**

DIRECTIONS: Please respond to all questions on the form provided. If more space is needed to adequately respond, the agency may attach additional pages at the end of the Application. Please make sure the attachments refer back to the appropriate questions on the form.

A. ORGANIZATION INFORMATION

1. NAME OF ORGANIZATION: _____
2. MAILING ADDRESS: _____
CITY _____, STATE _____ ZIP CODE _____
TELEPHONE _____
3. EXECUTIVE OFFICERS:
PRESIDENT _____ TELEPHONE _____
VICE PRESIDENT _____ TELEPHONE _____
TREASURER _____ TELEPHONE _____
SECRETARY _____ TELEPHONE _____
4. EXECUTIVE DIRECTOR (STAFF CONTACT):
NAME _____ TELEPHONE _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
TELEPHONE: BUSINESS _____ HOME _____
5. TOTAL NO. PAID STAFF _____; TOTAL NO. VOLUNTEERS _____

3. THIS FUNDING REQUEST WILL SUPPORT:

_____ NEW ACTIVITY

_____ CONTINUATION OF EXISTING ACTIVITY

_____ EXPANSION OF EXISTING ACTIVITY

4. NARRATIVE DESCRIPTION OF THE ACTIVITIES THAT WILL BE FUNDED UNDER THIS REQUEST:

5. EXPECTED RESULTS OR ACCOMPLISHMENTS FOR THE CITIZENS OF THE CITY OF MOBILE AS A RESULT OF FUNDING ASSISTANCE (I.E., INCREASE IN NUMBERS OF RECEIVING BENEFITS, ATTAINMENT OF SPECIAL SKILLS, ACCESS TO EMPLOYMENT OR PERSONAL IMPROVEMENT OPPORTUNITIES). PLEASE BE AS SPECIFIC AS POSSIBLE IN DESCRIBING THE MEASURE OF SUCCESS EXPECTED.

6. DESCRIBE HOW THIS ACTIVITY RELATES TO ADOPTED CITY PRIORITIES, OBJECTIVES, GOALS, ETC., AS FOUND IN THE CONSOLIDATED PLAN OR OTHER LOCAL INITIATIVES.

7. ACTIVITY SERVICE AREA:

___ CITYWIDE

___ NEIGHBORHOOD (PLEASE LIST NEIGHBORHOODS: _____)

8. PROVIDE EVIDENCE OF SUCCESSFUL COMPLETION OF EXISTING OR SIMILAR PROGRAMS AND DEMONSTRATION OF AGENCY'S CAPACITY TO ACCOMPLISH PROPOSAL OBJECTIVES. _____

9. PROVISIONS AGENCY WILL MAKE TO MEET FEDERAL SECTION 3 AND LOCAL MINORITY PARTICIPATION REQUIREMENTS. _____

10. ALL FUNDS WILL BE MADE AVAILABLE THROUGH A FUNDING AGREEMENT UNDER WHICH ELIGIBLE EXPENSES INCURRED **AFTER** THE AGREEMENT DATE WILL BE ELIGIBLE FOR REIMBURSEMENT.

PLEASE IDENTIFY THE PROPOSED START DATE FOR FUNDING ASSISTANCE: _____

NUMBER OF MONTHS THAT FUNDING ASSISTANCE WILL BE REQUIRED: _____

C. CLIENT INFORMATION: (Complete each line as applicable.)

1. TOTAL CLIENT POPULATION TO BE SERVED WITH FUNDING: _____

2. DESCRIPTION OF CLIENT POPULATION:

a. AGE RANGE _____

b. NO. MALES _____; NO. FEMALES _____

c. _____ HOUSEHOLDS OR _____ FAMILIES (CHECK AS APPLICABLE) TO BE SERVED _____ (Number).

3. PERCENTAGE OF CLIENT POPULATION TO BE SERVED WITH FUNDING THAT ARE RESIDENTS OF THE CITY OF MOBILE: _____

4. PERCENTAGE OF CLIENT POPULATION BY CATEGORY:

LOW AND MODERATE INCOME	_____	%
SPECIAL NEEDS	_____	%
MINORITY	_____	%
ELDERLY	_____	%

D. FINANCIAL INFORMATION:

1. ORGANIZATIONAL FISCAL YEAR: FROM _____ TO _____
2. SUBMIT ORGANIZATION'S MOST RECENT ANNUAL FINANCIAL REPORT, INCLUDING:
 - a. TOTAL AGENCY FUNDING, INCLUDING SOURCES AND AMOUNTS.
 - b. INDICATE PERCENTAGE OF REVENUES FROM CITY COMPARED TO TOTAL REVENUES RECEIVED.
 - c. BREAKDOWN OF SALARIES AND FRINGE BENEFITS PAID TO EACH AGENCY DIRECTOR, ASSISTANT DIRECTOR, OR ANY OTHER TOP MANAGEMENT PERSONNEL.
3. SUBMIT PROJECT BUDGET. INCLUDE THE FOLLOWING INFORMATION:
 - a. DETAILED EXPENDITURE OF FUNDS BEING REQUESTED.
 - b. THE AMOUNT OF INCOME THE FUNDED PROGRAM WOULD BE EXPECTED TO GENERATE.
 - c. OTHER SOURCES OF GOVERNMENTAL OR PRIVATE SUPPORT.
 - d. MULTI-YEAR PROJECTION OF THE FINANCIAL NEEDS AND EXPECTATIONS FOR THOSE AGENCIES WITH MULTI-YEAR REQUESTS.
4. SUBMIT PLANS AND RESOURCES THE AGENCY EXPECTS TO APPLY TO THE PROPOSED PROGRAM AFTER FUNDING AWARD, PARTICULARLY AS THEY APPLY TO REDUCING LONG-TERM CITY SUPPORT.

SUBMITTED BY: _____
Position _____

SIGNATURE: _____

DATE: _____